

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM O-875)**

US 719683

11-6-96

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2				1		
3				1		
4				2		
5						
6			1			
7				1		
8				2		
9						
10			1			
11				1		
12				2		
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TOTAL IND.			2			
TOTAL DEP.				10		
TOTAL CLAIMS			12			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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